

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000046149

1. Entity Name
S & S OF PUNTA GORDA, INC.



Principal Place of Business

404 PINE ROAD
NOKOMIS, FL 34275

Mailing Address

404 PINE ROAD
NOKOMIS, FL 34275



03152000 44-000-P 0025004 (11/05)

DO NOT WRITE IN THIS SPACE

4. Not Applicable
NOT APPLICABLE

5. Certificate of Status Desired

\$275 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SHARON J
404 PINE ROAD
NOKOMIS, FL 34275

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

Signature (typed or printed name of registered agent and 10% if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Transfer of Ownership
First Fund Contribution

\$3.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

NAME: P
WILLIAMS, SHARON J
STREET ADDRESS: 404 PINE ROAD
CITY-ST-ZIP: NOKOMIS, FL 34275

NAME: M
BLACKMER, SUSAN M
STREET ADDRESS: 2518 MAURITANIA ROAD
CITY-ST-ZIP: PUNTA GORDA, FL 33983

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. I, the undersigned, certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the incorporator or organizer of the corporation; and that my name appears in Block 10 or Block 11 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE: *Sharon Williams Pres.*

3-13-06

941-485-9867

**DO NOT WRITE
IN THIS SPACE**

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